



ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716

Owners Certificate of Demolition *

I. Property and Contact Information

Property Location:

Property Street Address: _____

Nearest City/Town and Zip Code: _____

County: _____ Latitude: _____ Longitude: _____

Date of Lab Discovery: _____

Tier response Level assigned to property (please circle) 1 2 3 4

Property Owner:

Name (s): _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone # _____ Cell phone # _____

E-Mail Address: _____

II. Demolition Procedures Completed

Note: Please contact KDWM for an electronic version of the OCD (DEP6085). Please attach waste disposal receipts from the permitted disposal facility which must be a contained landfill. Photographs must be taken of before and after demolition and copies must be included with this certification.

Date Demolition Occurred: _____

Disposal Facility: _____

III. Property Owner Certification:

I certify that I owned or had legal authority for this property and authorized its demolition. I certify that the demolition work was conducted in compliance with all local, state and federal laws regarding demolition. I certify that all furnishings from the property have been rendered unusable. I further certify that the information in this report is true and correct, to the best of my knowledge.

Print Name of Owner _____

Signature of Owner _____

Date _____

* Note: The Property Owner is required to notify KDWM in writing ten (10) days before demolition activities begin). The OCD must be submitted to KDWM within sixty (60) days of completion of demolition activity.

Mail completed form to:
DIVISION OF WASTE MANAGEMENT
SUPERFUND BRANCH
METH LAB CLEANUP PROGRAM
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601

(502) 564-6716 x 4729
FAX (502) 564-2705